

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE **BUREAU OF ADMINISTRATIVE SERVICES**

JACKIE LACEY • District Attorney JOSEPH P. ESPOSITO • Chief Deputy District Attorney PAMELA BOOTH • Assistant District Attorney

PRISCILLA CRUZ • Director

WAIVER

I understand that I must pass a background investigation in order to be considered for appointment

in the District Attorney's Office. If I do not pass the background investigation, I understand that I will no longer be considered for appointment. I understand that if the District Attorney's Office concludes that there is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal. I also understand that if I falsified or omitted required information, or failed to cooperate with reasonable investigations related to my application for this position, the position will be terminated. NAME (PLEASE PRINT) SIGNATURE DATE AUTHORIZATION TO RELEASE INFORMATION As an applicant for a position with the Office of the District Attorney, I am required to furnish information for use in determining my qualification. In this connection, I authorize you to release all information that you have concerning me, including information of a confidential or privileged nature, and to provide copies of documents as may be required by the District Attorney's background investigator. I hereby release you, your organization, or others from liability or damage which may result from providing the information requested. This authorization expires 180 days after the date signed. NAME (PLEASE PRINT) SIGNATURE DATE

211 West Temple Street Suite 200 Los Angeles, CA 90012 (213) 257-2751

Offic	e Use	Only

BUREAU	CASE#
OFFICE	POSITION

LOS ANGELES COUNTY DISTRICT ATTORNEY

CRIMINAL RECORD CHECK INFORMATION

Employees of the Department of the District Attorney have access to confidential information concerning criminal investigations and prosecutions.

The existence of a criminal record may reflect on your suitability as an employee of this department.

Information on this form is necessary to conduct a criminal record check. Falsification or omission of any requested information on this form is cause for rejection of your application for employment.

PLEASE PRI	INT					DATE			
LAST NAME			FIRST NAME		MIDDLE NAM	<u> </u> E			
OTHER NAMES	USED: LAS	ST NAME	FIRST NAME		MIDDLE NAME				
CURRENT ADDR	RESS: (STR	REET, CITY/STATE, ZIP C	ODE)			PHONE NO.			
PRIOR ADDRES	S: (STREE	T, CITY/STATE, ZIP CODI	E)			PHONE NO.			
EMAIL ADDRES	S:					CELL NO.			
SEX MAL FEM		DATE OF BIRTH	PLACE OF BIRTH	HAIR	EYES	HEIGHT	WEIGHT		
DRIVER'S LICEN	NSE NO.			SOCIAL SE	CURITY NO.				
LAST SCHOOL A		NAME & ADDRESS							
FOR EMERG	SENCY, I	NOTIFY: NAME	ADDRESS		PHONI	E NO.			
					()			
		R BEEN ARRES ULT ARRESTS.	STED AS AN ADULT?	YES	NO				
DATE		RRESTING AGE	ENCY CASE NO). & CHARGE		DISPOS	SITION		

APPLICANT SIGNATURE (Mandatory)

SIGNATURE	DATE

COUNTY OF LOS ANGELESCANDIDATE INFORMATION SHEET

(PLEASE PRINT IN INK)

1. Last Name			First	First Name			Middle N	lame	2a. Social 2b.Driver		
								Expiration		J# anu	
									Do you have a relative currently employed by the		
5. Residence – Street Address City State, Zip Code										NO NO	
6. Since (date) 7. Telephone No.											
8. Date of Birth		Date Resid	ency Esta	ablished in	10.Date Res			hed in	Relations		cate Name, Department
11. In Emergency No		ılifornia:		Los Angeles Coul 12. Telephone No			•		_ below:		
13a. Street Address					13b. City, St	ate,	Zip Code		1		
14a. Military Service United States	in the Arr	ned Forces	of the	From	To 14b. Ser		b. Serial No	Serial No.			
14c. Highest Rank o	r Rating		14d. Bra	anch	14e. Type	of Di	ischarge		-		
14f. Military Service	as a Rese	ervist	From	From To							
15. Foreign		CHECK		16. Educatio			Last Grade		ate	Major	Degree
Languages	Read	Write	Speak	Name & Loc	cation of Sch	ool	Completed	d Co	ompleted		or Diploma
Spanish				Grammar/F	ligh School						
Other				Other							
Other				Other							
17. Professional or T	echnical l	LI _icenses, P	ermit, etc	. (Write state	e, county or c	ity in	which reg	istered	d/licensed)		
18a. A full disclosu convictions constitut											
offense(s) will be tak appointed. Howeve											
fraud is automatica CONVICTIONS OR	lly barred	from emp	oloyment v	with the Cou	nty of Los /	4nge	eles (Count	ty Co	de Section	5.12.11	0). ANY
CONVICTIONS OR	COURT	RECORDS	5 WHICH	I ARE EXEI	VIPTED BY	VAI	LID COUR	1 00	NOI HAVI	E IO BE	INCLUDED.
Have you ever been	convicted	of a misde	meanor o	or felony in a	criminal prod	ceedi	ing or by a	militar	y court?		
Yes No No If y	· •	•		•							
18b. Offense or Case Name (Provide Penal or other code section if known) 18c. Case Number											
18d. Conviction/Orde	er Date (M	lonth/Day/Y	ear)				18e	. Loca	ition of the	Court (Ci	ty & State)
18f. Sentence or Fin	e										
19. Have you ever be	19. Have you ever been convicted of a crime under a different name? If so, please provide details.										
20. Have you ever w	orked for	the County	of Los Ar	ngeles under	a different n	ame′	? If so, ple	ase pi	ovide deta	iils.	
21For County employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with											

gc	government permission to work in this country. Does either (a) or (b) describe your status as a resident of this Country?									
	Yes No No									
	Shifts you	_				_			_	
Α.	Day	В		ning	C. 🗆	Night	D. 🗆	Rotating	E. 🗌 On 0	Call
F.	☐ Week	end and Ho	oliday		G.	Any				
	23. EMPLOYMENT HISTORY: Begin with present or last experience Account for past ten years or past ten employers									
	From Mo-Yr	To Mo-Yr	Time in Mos.	Position or Occupation	Duti	ies performed in ea	ch employment	Wages or Salary	Name and addresses of all former employers including other county depts. As well as private firms	Reason for Leaving
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-								1		
H										
F										
F										
\vdash	If discharge	d give details								
F	11 GISCHAIGE	u give ucialis)							
	24. CERTIFICATION of Applicant: I certify that all information and statements made in this Candidate Information Sheet (CIS) and on any attachments pertaining thereto are true and									
	complete to the best of my knowledge. I understand that any false information and/or statements of material facts or omissions, may subject me to disqualification or dismissal.									
	DATE SIGNATURE OF APPLICANT									
L	DATE SIGNATURE OF APPLICANT									